



PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26584 7590 12/03/2001

OTIS ELEVATOR COMPANY  
INTELLECTUAL PROPERTY DEPARTMENT  
10 FARM SPRINGS  
FARMINGTON, CT 06032

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Mary Forcier	(Depositor's name)
<i>Mary Forcier</i>	(Signature)
January 2, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/577,313	05/24/2000	Pedro S. Baranda	OT-4190A	5206

TITLE OF INVENTION: TENSION MEMBER FOR AN ELEVATOR

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
18	nonprovisional	NO	\$1280	\$300	\$1580	03/04/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, THUY VAN	3652	187-251000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
Otis Elevator Company  
01/28/2002 SLUANG2 00000090 150750 09577313

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Farmington, Connecticut

03 FC:195 300.00 CH

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ Corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 12

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0750 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature) <i>Sean W. O'Brien</i>	(Date) 01-02-2002
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01 FC:142 1280.00 CH  
02 FC:561 36.00 CH